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NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: Robert B. Nilsen

Serial No. 09/927,781

Group: 2826

Filed: August 10, 2001

Examiner: Ahmed N. Sefer

Confirmation No. 5446

For: Light Polarizer

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
March 1, 2005	<i>Marianne Lentini</i>
Date	Signature
MARIANNE LENTINI	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated October 1, 2004 of the Examiner finally rejecting claims 37-39. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated October 1, 2004 for two months from January 1, 2005 to March 1, 2005.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

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250.00 OP
225.00 OP

01 FC:2401
02 FC:2252

4. Fees are submitted for the following:

<input checked="" type="checkbox"/> [X]	Extension of Time for two months			\$	<u>225</u>
<input type="checkbox"/> []	Additional Extension of Time:				
	Fee for Extension	(<input type="checkbox"/> [] mo.)	\$	<u></u>	
	Less fee paid	(<input type="checkbox"/> [] mo.)	- \$	<u></u>	
	Balance of fee due			\$	<u>0</u>
<input checked="" type="checkbox"/> [X]	Notice of Appeal			\$	<u>250</u>
<input type="checkbox"/> []	Other	<u></u>		\$	<u></u>
			TOTAL	\$	<u>475</u>

5. The method of payment for the total fees is as follows:

☒ A check in the amount of \$475 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH &
REYNOLDS, P.C.

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